

**MHRH**  
**Director's Partnership Council**  
**Organizational Meeting**

**December 12, 2006**

**Ellen Nelson, M.S.W, Ph.D., Director**

# MHRH Quality Assessment & Master Plan

Phase	Description	Timeframe
Phase I	History & Quality Assessment	July-October 2006
Phase II	Organize for Action & Initial Master Plan	November 2006 – January 2007
Phase III	Implementation & Evaluation	January 2007 to January 2012

# **Phase I: MHRH Quality Assessment Teams**

## **Eleanor Slater Hospital**

- Team:
  - Bill White – Team Leader
  - Lou Pugliese
  - Joe LaPenta

## **Division of Behavioral Healthcare**

- Team:
  - Charlie Maynard – Team Leader
  - Carol Burton
  - Ron Tremper

## **Division of Developmental Disabilities**

- Team:
  - Chris Petrin-Lambert – Team Leader
  - Maya Coluntuano
  - Camille LeTourneau

# Phase I: MHRH Quality Assessment

## Summary of Major Themes

### **Eleanor Slater Hospital:**

Limited movement of patients from ESH to lesser intensive levels of care results in waiting lists of patients receiving long term medical care and psychiatric care in acute care community hospitals

### **Behavioral Health:**

Lack of sufficient resources to develop and fund less intensive levels of community based care results in an increasing, significant use of inpatient hospital services, fragmented care and cost management lacks integration of health and mental health policy and practice resulting in higher costs and confusion in primary care coordinator responsibility

### **Developmental Disabilities:**

Inadequate capacity to transition group home residents to less restrictive, more independent living arrangements, such as supported living arrangements, supervised houses and apartments, etc.

# Phase I: MHRH Quality Assessment

## Summary of Major Themes Department-wide

- Improve **Clarity** of mission, direction, priorities and services.
- Improve internal and external **Communication**.
- Strengthen and broaden the **Continuum of Care** to adequately promote independence, choice and self-reliance.
- Reduce **Fragmentation** of care by coordinating and integrating services and supports for individuals with co-occurring needs.
- Align **Resources** to foster prevention, early intervention and community-based treatment and supports stressing the integration of health and mental health care and cost management
- **Focus** must be on the client not agency/service focused
- **Lifelong Planning** to ensure a smoother transition from childhood to adulthood on the MH and DD service systems

## Phase II: Master Plan

**The Master Plan for MHRH will NEVER be complete:**

- Master Plan will drafted and re-drafted again and again.
- First Draft will be written by mid-December 2006.
- It will be a living document constantly updated and changed to assure continuous quality improvement.

# Master Plan: Initial Components

## Department-wide

- Clarify MHRH's mission and rename the department to reflect the mission
- Enhance & elevate the department's capacities in key areas: policy, planning, communication, analysis & reporting and performance & outcome measurement.
- Integrate the three existing divisions into one overall Integrated Delivery System (IDS) for individuals with disabilities supported by MHRH.
- Clearly identify doorways into the service system for information, eligibility screening, clinical evaluation, appropriate referral and placement and enrollment into the MHRH IDS, as appropriate.
- Expand links with academic partners for training and research.
- Review the department organizational structure and reorient all MHRH staff to assure unified one-team approach.
- Review and restructure provider contracting to include performance based standards and incentives for quality, efficiency and accountability.
- Build a department-wide IT system that will provide information for efficient operations management and informed decision-making, including the implementation of a hospital electronic health record.

# Master Plan: Initial Components (cont)

## Eleanor Slater Hospital

- Establish the ESH Pastore campus as a Center of Excellence for assessment and management of individuals with complex medical & psychiatric needs, requiring both acute and extended hospital-level stays.
- Develop new capacity at ESH for short-term crisis hospitalization to provide assessment, stabilization and treatment for individuals with mental health conditions or developmental disabilities.
- Maximize use ESH Pastore campus for specialized outpatient services, not routinely available in the community for DD and BH.
- By 2012, ESH Pastore complex will be located in one hospital zone, which will improve the efficiency of hospital operations, patient safety and access & quality. A facility plan will be developed for the Zambarano Burrillville campus.
- A future plan for Zambarano ICF-MR group homes will be finalized.
- Review, relocate and resize the forensics service in collaboration with the Department of Corrections.



# Master Plan: Initial Components (cont)

## Developmental Disabilities

- Recruit and hire an Executive Director who will focus solely on the issues of the population of individuals with developmental disabilities.
- Right-size RICLAS to assure adequacy of staffing for the population by diverting new admissions to the private sector, with the exception of emergencies and complex medical cases.
- Conduct a planning process to determine future MHRH policy on the community support model, focusing on diversifying from the current group home model to enable individuals to receive services in the most appropriate, least restrictive setting that will support independence and improved quality of life.
- Expand the adoption of and capacity for supportive living arrangements.

# Master Plan: Initial Components (cont)

## Behavioral Health

- As the mental health authority, MHRH will be responsible and accountable for managing all acute, behavioral health and long term care services and funding for MHRH core populations. MHRH will develop and implement an integrated delivery system, in partnership with the community, which will assure that needed care and supports are provided in the most appropriate least restrictive setting, based on the needs of the individual.
- Integrate current community-based services and supports, community hospital services and Eleanor Slater Hospital psychiatric services into one continuum of care with individuals served in the most appropriate setting.
- Expand community-based service capacity in order to decrease inappropriate use of institutional levels of care. (Seeking funding through “Money Follows the Person” grant.)
- Develop statewide Mental Health and Substance Abuse plans, which will assess the current systems and develop recommendations that address the Mental Health and Substance Abuse delivery systems for all Rhode Islanders.

## **Phase II: Organize for Action**

### **Establish Director's Partnership Council on December 12, 2006**

- Three Standing Committees:
  - Quality Improvement;
  - Consumer Issues;
  - Innovations.

# Partnership Committees

Partnership Committee	Purpose
Innovations	To convene MHRH stakeholders to focus on innovations to improve policy, planning and practices statewide for MHRH core populations
Consumer Issues	To convene MHRH stakeholders to hear and discuss issues of consumers/clients/patients of MHRH services and supports to evolve toward being more consumer centered
Quality Improvement	To convene MHRH stakeholders to understand the components of quality in the current system and evolve toward a system based on continuous quality improvement

# Partnership Committees

## Structure and Process

1. Open Access Membership
2. MHRH will staff these committees; Professional facilitation will be used as a resource
3. Meeting Notices/Agendas, Master Calendar and Notes will be available on Internet & Broadcast E-mails
4. Each Committee will meet at least quarterly. MHRH staff will be on these committees.
5. The agenda for each meeting will include information dissemination and reporting-out on priority areas being addressed by the Work Groups.
6. Specific Ad Hoc Work Groups will be formed based on priorities and will meet to do specific work between Partnership Committee meetings.

# **Partnership Council Meetings**

(meetings will be at the Arnold Conference Center)

**2007**

**(All from 3:00- 4:30 PM)**

- **January 10**
- **February 14**
- **March 14**
- **April 11**
- **May 9**
- **June 13**
- **July 11**
- **August 8**
- **September 12**
- **October 10**
- **November 14**
- **December 12**

**Partnership Committee**

- **Innovations**
- **Quality Improvement**
- **Consumer Issues**
- **Innovations**
- **Quality Improvement**
- **Consumer Issues**
- **Innovations**
- **Quality Improvement**
- **Consumer Issues**
- **Innovations**
- **Quality Improvement**
- **Consumer Issues**

## **Innovations Partners Committee – Work Groups to be discussed at January Meeting**

- Three Work Groups
  - Developmental Disabilities
  - Behavioral Health
  - Eleanor Slater Hospital
- First meeting of each work group will be in January-February 2007

## **Additional Priorities for Consideration**

1. On 3X5 card indicate that this is an additional priority that should be considered.
2. Write down your idea.
3. Give you name and e-mail address, if you wish.
4. Place card in boxes when leaving the meeting.